**Individual Feedback (2022)\***

**Unit Location:**

**Date:**

**\*This checklist is optional. It is used to provide unit leadership with honest feedback. There are no right or wrong answers. All individual feedback is consolidated and provided to unit and state leadership anonymously.**

| **ITEM #** | **DESCRIPTION** |
| --- | --- |
| 1a | What motivated you to accept a job at this unit? |
| 1b | What motivates you to stay? |
| ***On a scale from 0 (not) to 10 (extremely), rank your motivation to work here.*** |
|  | NA | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| First hired |  |  |  |  |  |  |  |  |  |  |  |  |
| Now |  |  |  |  |  |  |  |  |  |  |  |  |

| **ITEM #** | **DESCRIPTION** |
| --- | --- |
| 2 | If you have participated in a preparedness review in the past, have you noticed changes with your unit after the review or over time? |
| ***On a scale from 0 (none) to 10 (total transformation), rank the amount of change you have seen.*** |
|  | NA | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Local unit |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |
| National |  |  |  |  |  |  |  |  |  |  |  |  |

| **ITEM #** | **DESCRIPTION** |
| --- | --- |
| 3 | What does your co-worker/crew/module or supervisor do to make you feel included? |
| ***On a scale from 0 (not) to 10 (extremely), how included do you feel.*** |
|  | NA | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Co-worker/Crew/module |  |  |  |  |  |  |  |  |  |  |  |  |
| In unit  |  |  |  |  |  |  |  |  |  |  |  |  |
| In BLM  |  |  |  |  |  |  |  |  |  |  |  |  |

| **ITEM #** | **DESCRIPTION** |
| --- | --- |
| 4a | Describe your unit’s culture. |
| 4b | What would you change about your unit’s culture? |
| ***On a scale from 0 (not) to 10 (extremely), how well do you fit with the culture?*** |
|  | NA | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Team |  |  |  |  |  |  |  |  |  |  |  |  |
| Unit |  |  |  |  |  |  |  |  |  |  |  |  |
| District |  |  |  |  |  |  |  |  |  |  |  |  |

| **ITEM #** | **DESCRIPTION** |
| --- | --- |
| 5 | Describe the level of support you receive from your co-workers/crew/module and your supervisor, including the openness to have a difficult conversation (e.g., fireline decision, recommending change, personal requests). |
| ***On a scale from 0 (none) to 10 (full), what level of support do you receive?*** |
|  | NA | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Co-workers/crew/module |  |  |  |  |  |  |  |  |  |  |  |  |
| Supervisor |  |  |  |  |  |  |  |  |  |  |  |  |